

## **Gazette Opinion: Veto-proof coalition needed for children's sake**

*Billings Gazette, August 7, 2007*

Sen. Max Baucus' bill to reauthorize the States Children's Health Insurance Program garnered an impressive veto-proof majority in the Senate last week. Eighteen GOP senators joined their Democratic colleagues in recognizing the value of caring for children. Montana Sen. Jon Tester supported the children's health legislation. Unfortunately, Wyoming's two Republican senators did not. They sided with President Bush who has threatened to veto the bill.

Over in the House, a more ambitious and expensive SCHIP bill won approval by a narrow majority on a mostly party-line vote of 225 to 204 that wouldn't thwart the promised Bush veto. Montana Republican Denny Rehberg and Wyoming Republican Barbara Cubin voted against the bill, which would continue the successful children's program and make some important consumer-friendly, taxpayer-friendly changes in Medicare.

With Bush's opposition, legislation that should have sailed through Congress is being dragged into partisan feuds. SCHIP, which covers millions of low- to moderate-income U.S. children will expire Sept. 30 unless Congress and Bush reauthorize it.

The Senate bill, authored by Baucus and Republicans Charles Grassley and Orrin Hatch, is strictly an SCHIP bill and it would be less costly than the House bill. The conference committee, which will include Baucus, needs to agree on a bill that's more like the Senate version than the House version. But there are important Medicare improvements in the House bill that also should become law, either as part of the SCHIP bill or in a separate bill.

### **Like Medicare for kids**

The label of "socialized medicine" was thrown at CHIP when it was introduced 10 years ago. And a new group of children's health coverage opponents, led by President Bush, is throwing around that misnomer again. Ten years of helping American children get needed health care from private doctors, clinics, hospitals has shown SCHIP is government financing of health care like Medicare for kids.

Among those applauding the House and Senate bills is AARP. Why does an organization whose members are all 50 years old or older want health coverage for children? For one thing, many AARP members are raising their grandchildren, said Pat Callbeck Harper, spokeswoman for AARP Montana. The broad coalition of CHIP proponents includes care providers such as the American Medical Association, American Nurses Association, VHA Inc. and the Catholic Health Association of the United States and charitable organizations including Lutheran Services in America, March of Dimes, National Council of Churches of Christ and Society of St. Vincent de Paul.

## **Working families**

Most of the 13,000 Montana children covered through SCHIP are in working poor families, but Montana research has shown that number is but a fraction of the children with no health coverage in our state. Tester, who voted for expanding the Montana children's program when he was a state senator, summed up its necessity: "Many families cannot afford health insurance despite the fact that they have jobs."

Congress and the president should do the right thing for this country and its children by reauthorizing CHIP before Sept. 30 as the Baucus bill proposes.

## **How House SCHIP bill would improve Medicare**

- The House States Children's Health Insurance Program bill would delay scheduled Medicare physician payment cuts of 10 percent in 2008 and 5 percent in 2009, replacing them with a 0.5 percent increase in each of the next two years. The physician payment cuts were written into the Medicare program to control its spending in a counterproductive ploy. The rate reduction would actually cut access to physicians who would need to limit the number of Medicare patients they see because their reimbursement will drop even as their costs rise.
- The House bill requires the federal Medicare agency (the Center for Medicare and Medicaid Services) to be a better shopper when it has to choose prescription drug programs for indigent enrollees. By law, all people who are eligible for both Medicare and Medicaid are covered by the Medicare Part D prescription drug benefit. Enrollees can choose among plans available in their community. However, millions of "dual eligibles" haven't chosen, so, by law, CMS randomly assigns them to a Part D plan. However, the law doesn't require CMS to assign these vulnerable individuals to the plan that would be best for them. Randomly assigned plans vary widely in services to enrollees and costs to taxpayers, according to research by Consumers Union. Most of these individuals are disabled or in nursing homes. They need the best plan. This is a no-brainer that should have been written into the the Medicare prescription drug law when it was enacted.
- The House SCHIP bill would stop excessive payments to private insurance companies. Medicare now subsidizes private insurance companies in the Medicare Advantage program, paying them 12 percent to 19 percent more than the federal government spends per enrollee in the regular Medicare program. This giveaway to the insurance industry makes no sense for taxpayers. And it isn't a good deal for many Medicare enrollees. According to Consumer Reports, Medicare enrollees who have serious health care problems may end up paying more out of pocket with Medicare Advantage than with the regular government-administered program. Furthermore, Medicare enrollees may be unable to enroll in other supplemental insurance if they decide to switch out of a Medicare Advantage plan.

So here's a question for Republican House members who've said they want to protect this huge private insurance giveaway: Whom are you trying to help? It's not Medicare enrollees, U.S. taxpayers or the doctors who take care of Medicare patients.